

GENERAL DURABLE  
POWER OF ATTORNEY  
EFFECTIVE UPON EXECUTION

I, BRYCE MICHAEL HALL, (SS# 385-48-2822), designate SHANYN STEWART, (SS# 385-02-3012) as my attorney-in-fact (referred to as the "Agent") on the following terms and conditions:

1. AUTHORITY TO ACT. The Agent is authorized to act for me under this Power of Attorney and shall exercise all powers in my best interests and for my welfare.

2. Powers of Agent. The Agent may perform any act and exercise any power with regard to my property and affairs that I could do personally, including exercising all of the specific powers set forth below.:

a. Collect and Manage. To collect, hold, maintain, improve, invest, lease or otherwise manage any or all of my real or personal property or any interest therein;

b. Buy and Sell. To purchase, sell, mortgage, grant options, or otherwise deal in any way in any real or personal property, tangible or intangible, or any interest therein, upon such terms as the Agent considers proper, including the power to buy United States Treasury Bonds that may be redeemed at par for the payment of federal estate tax and to sell or transfer Treasury securities;

c. Borrow. To borrow money, to execute promissory notes therefor, and to secure any obligation by mortgage or pledge;

d. Business and Banking. To conduct and participate in any kind of lawful business of any nature or kind, including the right to sign partnership agreements, continue, reorganize, merge, consolidate, recapitalize, close, liquidate, sell, or dissolve any business and to vote stock, including the exercise of any stock options and the carrying out of any buy-sell agreements; to receive and endorse checks and other negotiable paper, deposit and withdraw funds, (by check or withdrawal slips) that I now have on deposit or to which I may be entitled in the future in or from any bank, savings and loan, or other institution;

e. Tax Returns and Reports. To prepare, sign, and file separate or joint income, gift, and other tax returns and other governmental reports and documents; to consent to any gift; to file any claim for tax refund; and to represent me in all matters before the Internal Revenue Service;

f. Safe Deposit Boxes. To have access to any safety deposit box registered in my name alone or jointly with others, and to remove any property or papers located therein;

g. Proxy Rights. To act as my agent or proxy for any stocks, bonds, shares, or other investments, rights, or interests I may now or hereafter hold;

h. Government Benefits. To make application to any governmental agency for any benefit or government obligation to which I may be entitled;

i. Legal and Administrative Proceedings. To engage in any administrative or legal proceedings or lawsuits in connection with any matter herein;

j. Life Insurance. To exercise any incidents of ownership I may possess with respect to policies of insurance, except policies insuring the life of my Agent;

k. Transfers in Trust. To transfer any interests I may have in property, whether real or personal, tangible or intangible, to the trustee of any trust that I have created for my benefit;

l. Delegation of Authority. To engage and dismiss agents, counsel, and employees, in connection with any matter, upon such terms as my agent determines;

m. Health Care Decisions. To employ and terminate physicians and other health care providers; to consent to and contract for my admission to hospitals, nursing homes, and other treatment or residential facilities; to have access to my medical records; to execute consents and releases concerning my medical treatment; and to make decisions regarding use, refusal, and discontinuation of life-sustaining procedures and technology.

3. Durability. This Durable Power of Attorney shall not be affected by my disability and shall continue in effect until my death or until revoked by me in writing.

4. Reliance by Third Parties. Third parties may rely upon the representations of the Agent as to all matters regarding powers granted to the Agent. No person who acts in reliance on the representations of the Agent or the authority granted under this Power of Attorney shall incur any liability to me or to my estate for permitting the Agent to exercise any power prior to actual knowledge that the Power of Attorney has been revoked or terminated by operation of law or otherwise.

5. Indemnification of Agent. No agent named or substituted in this power shall incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct or negligence.

6. Original Counterparts. Photocopies of this signed Power of Attorney shall be treated as original counterparts.

7. Revocation. I hereby revoke any previous Powers of Attorney that I may have given to deal with my property and affairs as set forth above.

Dated: 2-19-01

Bryce Michael Hall  
BRYCE MICHAEL HALL  
SS# 385-48-2822

WITNESSES:

STATE OF MICHIGAN )  
 ) SS.  
COUNTY OF )

Subscribed and sworn to before me, a Notary Public, this  
day of , 2001.

Petra M. Garza, Notary Public  
County, Michigan  
My Commission Expires:

PETRA M. GARZA  
Notary Public, Wayne County, MI  
My Commission Expires Nov. 9, 2001

PREPARED BY:

PATRICIA A. COOLEY  
419 North Monroe Street  
Monroe, Michigan 48162  
(734) 241-5540

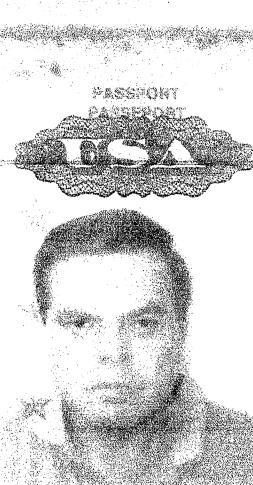
The Secretary of State  
of the United States of America  
bereby requests all whom it may concern to permit the citizen/  
national of the United States named herein to pass  
without delay or hindrance and in case of need to  
give all lawful aid and protection.

Le Secrétaire d'Etat  
des Etats-Unis d'Amérique

prise par les présentes toutes autorités compétentes de laisser passer  
e citoyen ou ressortissant des Etats-Unis titulaire du présent passeport,  
sans délai ni difficulté et, en cas de besoin, de lui accorder  
toute aide et protection légitimes.

*Bryce M Hall*  
SIGNATURE OF BEARER/SIGNATURE DU TITULAIRES

NOTICE OF RECEIPT



First / Nom	Code of issuing / pays du pays	PASSPORT NUMBER / NUMERO DU PassePORT
Given name / Prénom	State / Etat	027400417
P	USA	
Sergenta / Major		
HALL		
Given name / Prénom		
BRYCE MICHAEL		
Nationality / Nationalité		
UNITED STATES OF AMERICA		
Date of birth / Date de naissance		
20 NOV/NOV 49		
Sex / Sexe	Place of birth / Lieu de naissance	
M	OHIO, U.S.A.	
Date of issue / Date de délivrance		Date of expiration / Date d'expiration
14 AUG/AOU 01		13 AUG/AOU 02
Authority / Autorité		
PASSPORT AGENCY		
CHICAGO		